



CABINET FOR HEALTH AND FAMILY SERVICES  
COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR MEDICAID SERVICES  
COMMISSIONER'S OFFICE  
275 EAST MAIN STREET, 6W-A  
FRANKFORT, KY 40621

January 19, 2004

Nursing Facility Provider Letter # A-199

Dear Nursing Facility Provider:

Due to technical and administrative difficulties, the Department for Medicaid Services (DMS) requests you suspend faxing of the MAP-726A forms, *Nursing Facility Level of Care Request for Admission*, to the Peer Review Organization (PRO).

Nursing facilities must revert to the telephonic review process effective Monday, January 19, 2004. At that time, you may call in requests to the PRO at 1-800-292-2392. Facilities should complete the applicant's MAP-726A before calling the PRO and follow this completed form while on the telephone with PRO reviewers to expedite processing your call.

If you have any questions, you may contact the Facilities Services branch at 502-564-5707.

Sincerely,

A handwritten signature in cursive script that reads "Mike Robinson".

Mike Robinson  
Commissioner

MR/jdm